

United States Bankruptcy Court
Eastern District of Virginia

In re **Anita J. White-Woodley**,
Debtor

Case No. **14-33677**

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	199,950.00		
B - Personal Property	Yes	3	125,937.40		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		172,030.16	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		7,487.78	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	8		10,417.50	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			6,547.72
J - Current Expenditures of Individual Debtor(s)	Yes	3			5,447.72
Total Number of Sheets of ALL Schedules		25			
Total Assets			325,887.40		
Total Liabilities				189,935.44	

United States Bankruptcy Court
Eastern District of Virginia

In re **Anita J. White-Woodley**,
Debtor

Case No. **14-33677**

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	7,487.78
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	7,487.78

State the following:

Average Income (from Schedule I, Line 12)	6,547.72
Average Expenses (from Schedule J, Line 22)	5,447.72
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	7,146.04

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	5,607.50	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		1,880.28
4. Total from Schedule F		10,417.50
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		12,297.78

In re **Anita J. White-Woodley**

Case No. **14-33677**

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Location: 12412 Swift Crossing Drive, Midlothian VA 23112 Chesterfield County Current Market Analysis - \$199,950 July 2014 Tax Assessment - \$182,200 Zillow Range - \$187,000 - \$207,000	Tenants by the entirety	J	199,950.00	170,730.16

Sub-Total > **199,950.00** (Total of this page)

Total > **199,950.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Anita J. White-Woodley**Case No. **14-33677**

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash - Approx.	-	700.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Wells Fargo Checking Account - \$200 Approx. Wells Fargo Savings Account - \$90 Virginia Credit Union Savings Account - \$428 Virginia Credit Union Savings Account - \$20 Virginia Credit Union Savings Account (Daughter's account, used to be a minor account) \$0 of Debtor's money in this account	-	738.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household Goods	-	500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothes	-	200.00
7. Furs and jewelry.		Wedding and Engagement Rings \$100 Misc. Jewelry \$600	-	700.00
8. Firearms and sports, photographic, and other hobby equipment.		Bicycle	-	20.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Employer Term Life Insurance policy NO Cash Value	-	0.00
10. Annuities. Itemize and name each issuer.	X			
Sub-Total > (Total of this page)				2,858.00

2 continuation sheets attached to the Schedule of Personal Property

In re **Anita J. White-Woodley**Case No. **14-33677**

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		VA Retirement Systems July 7, 2014	-	104,891.00
		Virginia Commonwealth Health Systems Retirement June 23, 2014	-	15,300.53
		HCA 401K July 3, 2014	-	421.87
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **120,613.40**
(Total of this page)

Sheet **1** of **2** continuation sheets attached
to the Schedule of Personal Property

In re **Anita J. White-Woodley**Case No. **14-33677**

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		NO Potential claims or lawsuits: TransUnion class action, GM Cars, Husband owes her money for undetermined amount of husband	-	0.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Volvo S60 Mileage: 128,000 KBB fair value: \$2,441	NO LIENS	- 2,441.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		Dog	-	25.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **2,466.00**
(Total of this page)
Total > **125,937.40**

Sheet **2** of **2** continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **Anita J. White-Woodley**

Case No. **14-33677**

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
Location: 12412 Swift Crossing Drive, Midlothian VA 23112 Chesterfield County Current Market Analysis - \$199,950 July 2014 Tax Assessment - \$182,200 Zillow Range - \$187,000 - \$207,000	Va. Code Ann. § 34-4	1.00	199,950.00
Household Goods and Furnishings			
Household Goods	Va. Code Ann. § 34-26(4a)	500.00	500.00
Wearing Apparel			
Clothes	Va. Code Ann. § 34-26(4)	200.00	200.00
Furs and Jewelry			
Wedding and Engagement Rings \$100 Misc. Jewelry \$600	Va. Code Ann. § 34-26(1a)	100.00	700.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
VA Retirement Systems July 7, 2014	Va. Code Ann. § 34-34	104,891.00	104,891.00
Virginia Commonwealth Health Systems Retirement June 23, 2014	Va. Code Ann. § 34-34	15,300.53	15,300.53
HCA 401K July 3, 2014	Va. Code Ann. § 34-34	421.87	421.87
Automobiles, Trucks, Trailers, and Other Vehicles			
2003 Volvo S60 Mileage: 128,000 NO LIENS KBB fair value: \$2,441	Va. Code Ann. § 34-26(8)	2,441.00	2,441.00
Animals			
Dog	Va. Code Ann. § 34-26(5)	25.00	25.00

Total: **123,880.40** **324,429.40**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Anita J. White-Woodley**Case No. **14-33677**

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxxxx0882	X	J	Opened 7/26/04 Last Active 11/11/12 Deed of Trust Location: 12412 Swift Crossing Drive, Midlothian VA 23112 Chesterfield County Current Market Analysis - \$199,950 July 2014 Tax Assessment - \$182,200				151,395.00	0.00
Americas Servicing Co Po Box 10328 Des Moines, IA 50306			Value \$ 199,950.00					
Account No.			Collection agency: Americas Servicing Co				Notice Only	
Shapiro Brown & Alt LLP 236 Clearfield Avenue, # 215 Virginia Beach, VA 23462			Value \$					
Account No. xxxxxx4841	X	J	Opened 8/01/05 Last Active 3/01/14 2nd Deed of Trust Location: 12412 Swift Crossing Drive, Midlothian VA 23112 Chesterfield County Current Market Analysis - \$199,950 July 2014 Tax Assessment - \$182,200				12,288.14	0.00
SLS 8742 Lucent Blvd.#300 Highlands Ranch, CO 80129			Value \$ 199,950.00					
Account No. xxxxxxxxxxxx6536	W		Opened 2/28/06 Last Active 12/21/06 Judgment Lien Location: 12412 Swift Crossing Drive, Midlothian VA 23112 Chesterfield County Current Market Analysis - \$199,950 July 2014 Tax Assessment - \$182,200				7,047.02	0.00
Springleaf Financial 9925 Hull Street Rd North Chesterfield, VA 23236			Value \$ 199,950.00					
Subtotal (Total of this page)							170,730.16	0.00

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re Anita J. White-Woodley,
Debtor

Case No. 14-33677

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 2108 VCU Ortho 520 N 12th St # 222 Richmond, VA 23298		-	2014 Braces Value \$ 1,300.00				1,300.00	0.00
Account No. 			 Value \$					
Account No. 			 Value \$					
Account No. 			 Value \$					
Account No. 			 Value \$					
Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims			Subtotal (Total of this page)			1,300.00	0.00	
			Total (Report on Summary of Schedules)			172,030.16	0.00	

In re **Anita J. White-Woodley**Case No. **14-33677**

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Anita J. White-Woodley**

Case No. **14-33677**

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. 2108 Commonwealth of VA-Tax P.O. Box 2156 Richmond, VA 23218-2156	X	-	2014 Tax year 2013				623.00	0.00 623.00
Account No. Internal Revenue Service Centralized Insolvency Unit P O Box 7346 Philadelphia, PA 19101-7346	X	J	2001- 2014 (POC 2009, 2011 & 2013) Tax year 2000 \$337.89 2000 2004 \$1,483.75 2009 \$1,257.09 2011 \$2,551.23 2013 \$4,799				6,864.78	1,880.28 4,984.50
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal (Total of this page)							7,487.78	1,880.28 5,607.50
Total (Report on Summary of Schedules)							7,487.78	1,880.28 5,607.50

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Anita J. White-Woodley**Case No. **14-33677**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 2108 Allied Title Lending LLC 7955 NW 12th St Ste 300 Miami, FL 33126		W	Payday Loan				449.50
Account No. xxxxx6969 Anesthesia Assoc of Richmond PO Box 17978 Richmond, VA 23226		W	Medical - Wife				40.00
Account No. xxxxxxxx9082 Cap One Po Box 85520 Richmond, VA 23285		H	Opened 3/23/01 Last Active 7/09/05 Credit Card				0.00
Account No. 2108 Check City 3920 Hull St Richmond, VA 23230		J	5/2014 Payday Loan				569.00
Subtotal (Total of this page)							1,058.50

7 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Anita J. White-Woodley**

Case No. **14-33677**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 7695 Check Into Cash 12412 Swift Crossing Dr Midlothian, VA 23112	W	5/2014 Payday Loan				460.00
Account No. CJW Center P.O. Box 740760 Cincinnati, OH 45274	W	Medical				521.00
Account No. Capio Partners Llc 2222 Texoma Pkwy Ste 150 Sherman, TX 75090		Collection agency: CJW Center				Notice Only
Account No. xxxxxxx3199 CJW Medical Center P.O. Box 13620 Richmond, VA 23225	J	Medical				396.00
Account No. xxxxxxx3199 CJW Medical Center P.O. Box 13620 Richmond, VA 23225	J	Medical				66.00
Sheet no. <u>1</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,443.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Anita J. White-Woodley**

Case No. **14-33677**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx0206 Commonwealth Lab Consultants PO Box 36559 Richmond, VA 23235	W	Opened 11/01/11 Last Active 5/01/11 Medical - Wife				43.00
Account No. Charlottesville Bureau 3690 Dobleann Dr Charlottesville, VA 22911		Collection agency: Commonwealth Lab Consultants				Notice Only
Account No. 2108 Farmer's Insurance 5048 US Hwy 29 Blairs, VA 24527	-	Insurance				1,538.00
Account No. 8552 First Virginia Financial 9121 Staples Mills Road Henrico, VA 23228	W	5/30/2014 Unsecured				1,004.00
Account No. xxxxxxx3199 Focus Recry 9701 Metropolitan Suite B Richmond, VA 23236	W	Opened 12/01/11 Last Active 4/01/12 Medical - Wife				395.00
Sheet no. 2 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,980.00

In re **Anita J. White-Woodley**

Case No. **14-33677**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx1455 Focus Recry 9701 Metropolitan Suite B Richmond, VA 23236	W	Opened 12/01/11 Last Active 4/01/12 Medical - Wife				125.00
Account No. xxxxxxx1455 Henrico Doctors Hospital P. O. Box 740760 Cincinnati, OH 45274	W	Medical - Wife				125.00
Account No. 8552 Lab Corp P.O. Box 2240 Burlington, NC 27216	J	Medical				169.00
Account No. Retrieval Masters Creditors Bu 4 Westchester Plaza Ste 110 Elmsford, NY 10523		Collection agency: Lab Corp				Notice Only
Account No. xxxx9188 Lab Corp P.O. Box 2240 Burlington, NC 27216	W	Medical				82.00
Sheet no. 3 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 501.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Anita J. White-Woodley**

Case No. **14-33677**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx2697 Ob-Gyn Specialists of Richmond 3 Maryland Farms Suite 250 Brentwood, TN 37027	W	Opened 9/01/11 Last Active 2/03/12 Medical - Wife				0.00
Account No. Cac Financial Corp 2601 Nw Expwy Oklahoma City, OK 73112		Collection agency: Ob-Gyn Specialists of Richmond				Notice Only
Account No. Pest Masters Termite & Pest C 6525 Dickens Place Richmond, VA 23230	W	Service - Wife				98.00
Account No. xxxxx3032 Quest Diagnostics PO Box 740880 Cincinnati, OH 45274	J	Medical				27.00
Account No. xxxxx3290 Quest Diagnostics PO Box 740880 Cincinnati, OH 45274	J	Medical				38.00
Sheet no. 4 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 163.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Anita J. White-Woodley**

Case No. **14-33677**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx4386 Radiology Assc of Richmond 2602 Buford Road Richmond, VA 23235	J	Medical				207.00
Account No. Credit Adjustment Board, Inc 306 East Grace St Richmond, VA 23219		Collection agency: Radiology Assc of Richmond				Notice Only
Account No. xxxxxxxxxxxx9354 Radiology Assoc of Richmond 2602 Buford Road Richmond, VA 23235	W	Opened 4/02/08 Last Active 9/01/07 Medical - Wife				80.00
Account No. Fredericksburg Cr Bur 10506 Wakeman Dr Fredericksburg, VA 22407		Collection agency: Radiology Assoc of Richmond				Notice Only
Account No. Rehab Plus Associates 11521 Robious Road Midlothian, VA 23113	W	Medial - Wife				234.00
Sheet no. 5 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 521.00

In re Anita J. White-WoodleyCase No. 14-33677

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Law Office Chaplin & Gonet 5211 West Broad St, Ste 100 Richmond, VA 23230			Collection agency: Rehab Plus Associates			Notice Only
Account No. xxxxxxxxxxxxxx1000			Opened 4/30/05 Last Active 5/31/12 Repossessed Automobile 2012			
Santander Consumer Usa Po Box 961245 Ft Worth, TX 76161	X J					3,482.00
Account No.						
Midnight Express Auto Recovery PO Box 3351 Stafford, VA 22555			Collection agency: Santander Consumer Usa			Notice Only
Account No.						
NCB Management PO Box 1099 Langhorne, PA 19047			Collection agency: Santander Consumer Usa			Notice Only
Account No.						
USA Recovery Solutions 4950 Hillsdale Circle El Dorado Hills, CA 95762			Collection agency: Santander Consumer Usa			Notice Only
Sheet no. <u>6</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						3,482.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Anita J. White-Woodley**

Case No. **14-33677**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx8142 Sound and Spirit P.O. Box 1958 Indianapolis, IN 46291	W	Opened 12/15/10 Last Active 7/01/13 Unsecured - Wife				105.00
Account No. Trident Asset Manageme 53 Perimeter Ctr E Ste 4 Atlanta, GA 30346		Collection agency: Sound and Spirit				Notice Only
Account No. Uncle Bob's Storage 3830 N. Bailey Bridge Road Midlothian, VA 23112	W					122.00
Account No. xxxxxxxx0003 Virginia Emergency Phy 75 Remittance Drive Suite 1151 Chicago, IL 60675	J	Medical				42.00
Account No. NCO 2360 Campbell Creek Ste 500 Richardson, TX 75082		Collection agency: Virginia Emergency Phy				Notice Only
Sheet no. 7 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 269.00
(Report on Summary of Schedules)						Total 10,417.50

In re **Anita J. White-Woodley**

Case No. **14-33677**

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
American Family Fitness	Gym membership ASSUME

In re **Anita J. White-Woodley**Case No. **14-33677**

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Curtis Woodley, Husband 12412 Swift Crossing Drive Midlothian, VA 23112	Santander Consumer Usa Po Box 961245 Ft Worth, TX 76161
Curtis Woodley, Husband 12412 Swift Crossing Drive Midlothian, VA 23112	SLS 8742 Lucent Blvd.#300 Highlands Ranch, CO 80129
Curtis Woodley, Husband 12412 Swift Crossing Drive Midlothian, VA 23112	Americas Servicing Co Po Box 10328 Des Moines, IA 50306
Curtis Woodley, Husband 12412 Swift Crossing Drive Midlothian, VA 23112	Internal Revenue Service Centralized Insolvency Unit P O Box 7346 Philadelphia, PA 19101-7346
Curtis Woodley, Husband	Commonwealth of VA-Tax P.O. Box 2156 Richmond, VA 23218-2156

Fill in this information to identify your case:

Debtor 1 Anita J. White-Woodley

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 14-33677
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information.	If you have more than one job, attach a separate page with information about additional employers.		
	Employment status*	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Include part-time, seasonal, or self-employed work.	Occupation	<u>Privacy and Security Coordinator</u>	<u>Food Service Worker</u>
	Employer's name	<u>VCU Health Systems</u>	<u>Commonwealth of VA</u>
Occupation may include student or homemaker, if it applies.	Employer's address	<u>PO Box 980132 Richmond, VA 23298</u>	<u>600 East Main Street, 20th Floor Richmond, VA 23219</u>
	How long employed there?	<u>April 2012</u>	<u>May 2012</u>

*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>6,302.86</u>	\$ <u>2,290.44</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>6,302.86</u>	\$ <u>2,290.44</u>

Debtor 1 **Anita J. White-Woodley**

Case number (if known) **14-33677**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 6,302.86	\$ 2,290.44
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,239.53	\$ 433.40
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 40.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 112.90
5e. Insurance	5e. \$ 389.83	\$ 222.34
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: Flexible Spending Account	5h.+ \$ 208.35	+ \$ 0.00
Parking	\$ 90.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,927.71	\$ 808.64
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,375.15	\$ 1,481.80
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
Amortized tax refund \$5,000 1/2		
8h. Other monthly income. Specify: Interest	8h.+ \$ 208.33	+ \$ 0.00
Part-time PAS - Gross \$532.10	\$ 482.44	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 690.77	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 5,065.92	+ \$ 1,481.80 = \$ 6,547.72
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 6,547.72 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Debtor does not anticipate any changes in income or expenses. Household size of two. Debtor did not receive a tax refund in 2013. Debtor may not keep working her parttime job. Part-time PAS - Net \$482.44		

Debtor 1 **Anita J. White-Woodley**

Case number (if known) **14-33677**

Official Form B 6I
Attachment for Additional Employment Information

Debtor	
Occupation	
Name of Employer	PAS-Richmond
How long employed	2007
Address of Employer	7300 Beaufont Spring Dr Richmond, VA 23225

Fill in this information to identify your case:

Debtor 1 Anita J. White-Woodley

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number 14-33677
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,263.10

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 100.00

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 86.11

Debtor 1 **Anita J. White-Woodley**

Case number (if known) **14-33677**

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	<u>250.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>35.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>326.00</u>
6d. Other. Specify: <u>Trash Pickup</u>	6d. \$	<u>32.00</u>

7. Food and housekeeping supplies

7. \$ 469.60

8. Childcare and children's education costs

8. \$ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ 86.66

10. Personal care products and services

10. \$ 105.83

11. Medical and dental expenses

11. \$ 150.00

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 364.75

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 80.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>297.00</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: Personal Property Tax \$144/year

16. \$ 12.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify: <u>Tolls</u>	17c. \$	<u>20.00</u>
17d. Other. Specify: <u>Misc. expenses // Storage \$112 mo</u>	17d. \$	<u>100.00</u>

Vehicle upkeep 2003 & 2007 \$ 170.00

Husband car payment \$ 402.00

Husband Credit Card, Medical, Consumer Credit \$ 500.00

Husband Phone \$ 80.00

Husband's Tithe \$ 200.00

Gym membership \$ 85.00

Braces (approx) \$ 200.00

Pest control \$ 32.67

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

\$ 0.00

Specify: _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>

21. Other: Specify: _____

21. +\$ 0.00

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ 5,447.72

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 6,547.72

23b. Copy your monthly expenses from line 22 above. 23b. -\$ 5,447.72

23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. \$ 1,100.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain: _____

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
Eastern District of Virginia**In re **Anita J. White-Woodley**

Debtor(s)

Case No. **14-33677**Chapter **13****DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **27** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **July 1, 2014**Signature **/s/ Anita J. White-Woodley****Anita J. White-Woodley**

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Anita J. White-Woodley**

Debtor(s)

Case No. **14-33677**

Chapter **13**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$40,414.04	2014 YTD: VCU Health System July 3, 2014
\$3,475.40	2014 YTD: PAS-Richmond July 3, 2014
\$72,124.96	2013 YTD: VCU Health System
\$7,299.64	2013 YTD: PAS-Richmond
\$59,950.00	2012: VCU Health Systems & PAS-Richmond Approx.

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2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None ☐ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR
First Virginia Financial
9121 Staples Mills Road
Henrico, VA 23228

DATES OF
PAYMENTS
May 30, 2014

AMOUNT PAID
\$853.00

AMOUNT STILL
OWING
\$1,004.00

None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERS

AMOUNT
PAID OR
VALUE OF
TRANSFERS

AMOUNT STILL
OWING

None ☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL
OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER

NATURE OF
PROCEEDING

COURT OR AGENCY
AND LOCATION

STATUS OR
DISPOSITION

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Shapiro Brown & Alt LLP 236 Clearfield Avenue, # 215 Virginia Beach, VA 23462	Pending July 10, 2014	Foreclosure stopped by filing Bankruptcy

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
Tabernacle Baptist Church 11521 Coalboro Rd Chester, VA 23836	Debtor's church	7/2013 - 7/2014	\$400/month

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
North & Associates, P.C. Bar# 29672 5913 Harbour Park Drive Midlothian, VA 23112	August 2013 - June 2014	\$1,260 = \$479.15 costs + \$780.85 applied to atty fee Total: \$479.15 = USB Filing fee \$310// Abacus Credit Counseling \$25/ Debtor Education \$45 // Credit report \$73// Priority mail \$5.15 /Homestead Clerk \$21

10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Various Bona fide Purchasers for value	From 2012- 2014	Various antique items sold on consignment for approx \$500

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Virginia Credit Union P. O. Box 90010 Richmond, VA 23225	Checking account	\$100 in account when closed July 2013

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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within **six years** immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS

21 . Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23 . Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS
OF RECIPIENT,
RELATIONSHIP TO DEBTOR

DATE AND PURPOSE
OF WITHDRAWAL

AMOUNT OF MONEY
OR DESCRIPTION AND
VALUE OF PROPERTY

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24. Tax Consolidation Group.

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date July 1, 2014

Signature /s/ Anita J. White-Woodley
Anita J. White-Woodley
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Eastern District of Virginia

In re Anita J. White-Woodley

Debtor(s)

Case No. 14-33677Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>3,000.00</u>
Prior to the filing of this statement I have received	\$	<u>780.85</u>
Balance Due	\$	<u>2,219.15</u>

2. \$ 310.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (*specify*)

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (*specify*)

5. ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☒ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. **\$1,260 = \$479.15 costs + \$780.85 applied to atty fee**
Total: \$479.15 = USB Filing fee \$310// Abacus Credit Counseling \$25/ Debtor Education \$45 // Credit report \$73// Priority mail \$5.15 /Homestead Clerk \$21

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - Other provisions as needed:
- Includes: Conferences to review the Debtor's financial circumstances; preparation and filing of the petition and all required schedules, lists and statements; preparation and filing of a plan; representation at the meeting of creditors; appearance, if required, at the confirmation hearing; and assistance to the Debtor in filing any certifications required to obtain a discharge after plan payments are completed.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

By agreement with the debtor(s), the above-disclosed fee EXCLUDES the following services: The Debtor(s) agree to pay additional legal fees if the hourly rate for services exceeds the above-referenced fees and for representation on matters such as: Motion for Relief from Stay, Motion to Dismiss, Contested matters. Modified plan; Motion to approve sale or refinance or transfer of real property; Motion to incur debt; Motion to vacate dismissal; Objection to claims etc.
Additionally, the Debtor(s) understand that the undersigned's retention in this case does not include representation in any appeals, in any adversary proceedings, in any cases to which this case might be converted, or in any contested matters initiated by the Debtor(s), and that any such representations would require a separate retainer agreement with the undersigned.

Representation of the debtors in any dischargeability actions, judicial lien avoidances, redemption, reaffirmation, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 1, 2014*Date*/s/ Pia J. North**Pia J. North 29672***Signature of Attorney***North & Associates, P.C. Bar# 29672***Name of Law Firm***5913 Harbour Park Drive****Midlothian, VA 23112****(804) 739-3700 Fax: (804) 739-2550**

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$3,000

(For all Cases Filed on or after 10/17/2005)

**NOTICE TO DEBTOR(S) AND STANDING TRUSTEE
PURSUANT TO INTERIM PROCEDURE 2016-1(C)(7)**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C)(7)(a), you have ten (10) business days from the meeting of creditors in this case in which to file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 Trustee, and U. S. Trustee pursuant to Interim Procedure 2016-1(C)(7)(a) and Local Bankruptcy Rule 2002-1(D)(1)(f), by first-class mail or electronically.

July 1, 2014*Date*/s/ Pia J. North**Pia J. North 29672***Signature of Attorney*

Allied Title Lending LLC 7955 NW 12th St Ste 300 Miami, FL 33126	CJW Medical Center P.O. Box 13620 Richmond, VA 23225	Lab Corp P.O. Box 2240 Burlington, NC 27216
Americas Servicing Co Po Box 10328 Des Moines, IA 50306	Commonwealth Lab Consultants PO Box 36559 Richmond, VA 23235	Law Office Chaplin & Gonet 5211 West Broad St, Ste 100 Richmond, VA 23230
Anesthesia Assoc of Richmond PO Box 17978 Richmond, VA 23226	Commonwealth of VA-Tax P.O. Box 2156 Richmond, VA 23218-2156	Midnight Express Auto Recovery PO Box 3351 Stafford, VA 22555
Cac Financial Corp 2601 Nw Expwy Oklahoma City, OK 73112	Credit Adjustment Board, Inc 306 East Grace St Richmond, VA 23219	NCB Management PO Box 1099 Langhorne, PA 19047
Cap One Po Box 85520 Richmond, VA 23285	Farmer's Insurance 5048 US Hwy 29 Blairs, VA 24527	NCO 2360 Campbell Creek Ste 500 Richardson, TX 75082
Capio Partners Llc 2222 Texoma Pkwy Ste 150 Sherman, TX 75090	First Virginia Financial 9121 Staples Mills Road Henrico, VA 23228	Ob-Gyn Specialists of Richmond 3 Maryland Farms Suite 250 Brentwood, TN 37027
Charlottesville Bureau 3690 Dobleann Dr Charlottesville, VA 22911	Focus Recry 9701 Metropolitan Suite B Richmond, VA 23236	Pest Masters Termite & Pest C 6525 Dickens Place Richmond, VA 23230
Check City 3920 Hull St Richmond, VA 23230	Fredericksburg Cr Bur 10506 Wakeman Dr Fredericksburg, VA 22407	Quest Diagnostics PO Box 740880 Cincinnati, OH 45274
Check Into Cash 12412 Swift Crossing Dr Midlothian, VA 23112	Henrico Doctors Hospital P. O. Box 740760 Cincinnati, OH 45274	Radiology Assc of Richmond 2602 Buford Road Richmond, VA 23235

Case 1:14-cv-03677-KLP
Radiology Assoc of Richmond
2602 Buford Road
Richmond, VA 23235

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USA Recovery Solutions
4900 Hillside Circle
El Dorado Hills, CA 95762

Rehab Plus Associates
11521 Robious Road
Midlothian, VA 23113

VCU Ortho
520 N 12th St # 222
Richmond, VA 23298

Retrieval Masters Creditors Bu
4 Westchester Plaza Ste 110
Elmsford, NY 10523

Virginia Emergency Phy
75 Remittance Drive
Suite 1151
Chicago, IL 60675

Santander Consumer Usa
Po Box 961245
Ft Worth, TX 76161

Shapiro Brown & Alt LLP
236 Clearfield Avenue, # 215
Virginia Beach, VA 23462

SLS
8742 Lucent Blvd.#300
Highlands Ranch, CO 80129

Sound and Spirit
P.O. Box 1958
Indianapolis, IN 46291

Springleaf Financial
9925 Hull Street Rd
North Chesterfield, VA 23236

Trident Asset Manageme
53 Perimeter Ctr E Ste 4
Atlanta, GA 30346

Uncle Bob's Storage
3830 N. Bailey Bridge Road
Midlothian, VA 23112

B 22C (Official Form 22C) (Chapter 13) (04/13)

In re **Anita J. White-Woodley**

Debtor(s)

Case Number: **14-33677**

(If known)

According to the calculations required by this statement:

☐ The applicable commitment period is 3 years.☒ The applicable commitment period is 5 years.☒ Disposable income is determined under § 1325(b)(3).☐ Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME					
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.				
		Column A		Column B	
		Debtor's Income		Spouse's Income	
2	Gross wages, salary, tips, bonuses, overtime, commissions.		\$ 6,782.94	\$ 2,290.44	
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.				
		Debtor	Spouse		
	a.	Gross receipts	\$ 0.00	\$ 0.00	
	b.	Ordinary and necessary business expenses	\$ 0.00	\$ 0.00	
	c.	Business income	Subtract Line b from Line a	\$ 0.00	\$ 0.00
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.				
		Debtor	Spouse		
	a.	Gross receipts	\$ 0.00	\$ 750.00	
	b.	Ordinary and necessary operating expenses	\$ 0.00	\$ 750.00	
	c.	Rent and other real property income	Subtract Line b from Line a	\$ 0.00	\$ 0.00
5	Interest, dividends, and royalties.		\$ 0.00	\$ 0.00	
6	Pension and retirement income.		\$ 0.00	\$ 0.00	
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.		\$ 0.00	\$ 0.00	
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00	\$ 0.00	\$ 0.00

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> <tr> <td>a.</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> </table>		Debtor	Spouse	a.	\$	\$	b.	\$	\$	\$ 0.00	\$ 0.00
	Debtor	Spouse										
a.	\$	\$										
b.	\$	\$										
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$ 6,782.94	\$ 2,290.44									
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$ 9,073.38										

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11	\$ 9,073.38									
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.	\$ 0.00									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a.</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	
a.		\$									
b.		\$									
c.		\$									
	Total and enter on Line 13	\$ 0.00									
14	Subtract Line 13 from Line 12 and enter the result.	\$ 9,073.38									
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$ 108,880.56									
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$ 66,470.00									
	a. Enter debtor's state of residence: <u>VA</u> b. Enter debtor's household size: <u>2</u>										
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. <input checked="" type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.										

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.	\$ 9,073.38												
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.	\$ 1,927.34												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a.</td> <td style="width: 40%;">Husband Car Payment</td> <td style="width: 30%; text-align: right;">\$ 402.00</td> </tr> <tr> <td>b.</td> <td>Husband Medical, Credit Card, Payday Loans & Consumer Credit</td> <td style="text-align: right;">\$ 500.00</td> </tr> <tr> <td>c.</td> <td>Husband Insurance and Taxes</td> <td style="text-align: right;">\$ 872.44</td> </tr> <tr> <td>d.</td> <td>Mandatory & Voluntary Retirement</td> <td style="text-align: right;">\$ 152.90</td> </tr> </table>	a.	Husband Car Payment	\$ 402.00	b.	Husband Medical, Credit Card, Payday Loans & Consumer Credit	\$ 500.00	c.	Husband Insurance and Taxes	\$ 872.44	d.	Mandatory & Voluntary Retirement	\$ 152.90	
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c.	Husband Insurance and Taxes	\$ 872.44												
d.	Mandatory & Voluntary Retirement	\$ 152.90												
	Total and enter on Line 19.	\$ 1,927.34												
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$ 7,146.04												

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 85,752.48																								
22	Applicable median family income. Enter the amount from Line 16.	\$ 66,470.00																								
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. <input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.																									
Part IV. CALCULATION OF DEDUCTIONS FROM INCOME																										
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																										
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$ 1,092.00																								
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="3" style="text-align: left;">Persons under 65 years of age</th> <th colspan="3" style="text-align: left;">Persons 65 years of age or older</th> </tr> <tr> <td style="width: 5%;">a1.</td> <td style="width: 65%;">Allowance per person</td> <td style="width: 30%; text-align: right;">60</td> <td style="width: 5%;">a2.</td> <td style="width: 65%;">Allowance per person</td> <td style="width: 30%; text-align: right;">144</td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td style="text-align: right;">2</td> <td>b2.</td> <td>Number of persons</td> <td style="text-align: right;">0</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td style="text-align: right;">120.00</td> <td>c2.</td> <td>Subtotal</td> <td style="text-align: right;">0.00</td> </tr> </table>		Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person	60	a2.	Allowance per person	144	b1.	Number of persons	2	b2.	Number of persons	0	c1.	Subtotal	120.00	c2.	Subtotal	0.00
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person	60	a2.	Allowance per person	144																					
b1.	Number of persons	2	b2.	Number of persons	0																					
c1.	Subtotal	120.00	c2.	Subtotal	0.00																					
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$ 498.00																								
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 55%;">IRS Housing and Utilities Standards; mortgage/rent expense</td> <td style="width: 40%; text-align: right;">\$ 1,391.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td style="text-align: right;">\$ 1,349.21</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td style="text-align: right;">Subtract Line b from Line a.</td> </tr> </table>		a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$ 1,391.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ 1,349.21	c.	Net mortgage/rental expense	Subtract Line b from Line a.															
a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$ 1,391.00																								
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ 1,349.21																								
c.	Net mortgage/rental expense	Subtract Line b from Line a.																								
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:	\$ 0.00																								

27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>		\$	508.75												
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>		\$	0.00												
28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td colspan="2">Subtract Line b from Line a.</td> </tr> </table>		a.	IRS Transportation Standards, Ownership Costs	\$	0.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	0.00	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		\$	0.00
a.	IRS Transportation Standards, Ownership Costs	\$	0.00													
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	0.00													
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.														
29	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td colspan="2">Subtract Line b from Line a.</td> </tr> </table>		a.	IRS Transportation Standards, Ownership Costs	\$	0.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	0.00	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.		\$	0.00
a.	IRS Transportation Standards, Ownership Costs	\$	0.00													
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$	0.00													
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.														
30	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>		\$	1,080.85												
31	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>		\$	112.90												
32	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>		\$	23.10												
33	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.</p>		\$	0.00												
34	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>		\$	0.00												
35	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p>		\$	0.00												

36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.		\$	0.00
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.		\$	56.00
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.		\$	3,533.39
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37				
39	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.			
	a.	Health Insurance	\$	255.66
	b.	Disability Insurance	\$	107.90
	c.	Health Savings Account	\$	208.34
Total and enter on Line 39			\$	571.90
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.			\$ 0.00
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			\$ 0.00
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			\$ 0.00
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.			\$ 0.00
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			\$ 0.00
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.			\$ 497.95
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.			\$ 1,069.85

Subpart C: Deductions for Debt Payment

47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.				
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance	
	a. Americas Servicing Co	Location: 12412 Swift Crossing Drive, Midlothian VA 23112 Chesterfield County Current Market Analysis - \$199,950 July 2014 Tax Assessment - \$182,200 Zillow Range - \$187,000 - \$207,000	\$ 1,263.10	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
	b. SLS	Location: 12412 Swift Crossing Drive, Midlothian VA 23112 Chesterfield County Current Market Analysis - \$199,950 July 2014 Tax Assessment - \$182,200 Zillow Range - \$187,000 - \$207,000	\$ 86.11	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
			Total: Add Lines		\$ 1,349.21
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.				
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount		
	a. Americas Servicing Co	Location: 12412 Swift Crossing Drive, Midlothian VA 23112 Chesterfield County Current Market Analysis - \$199,950 July 2014 Tax Assessment - \$182,200 Zillow Range - \$187,000 - \$207,000	\$ 583.33		
			Total: Add Lines		\$ 583.33
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.				\$ 93.46
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.				
	a.	Projected average monthly Chapter 13 plan payment.	\$ 0.00		
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x 10.00		
	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b		\$ 0.00
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.				\$ 2,026.00
Subpart D: Total Deductions from Income					
52	Total of all deductions from income. Enter the total of Lines 38, 46, and 51.				\$ 6,629.24

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.	\$	7,146.04																
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$	0.00																
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	\$	126.66																
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$	6,629.24																
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable. <table border="1"> <thead> <tr> <th></th> <th>Nature of special circumstances</th> <th>Amount of Expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2">Total: Add Lines</td> <td>\$</td> </tr> </tbody> </table>			Nature of special circumstances	Amount of Expense	a.		\$	b.		\$	c.		\$	Total: Add Lines		\$	\$	0.00
	Nature of special circumstances	Amount of Expense																	
a.		\$																	
b.		\$																	
c.		\$																	
Total: Add Lines		\$																	
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.		\$	6,755.90															
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.		\$	390.14															

Part VI. ADDITIONAL EXPENSE CLAIMS

60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
a.	Parking \$73.65	\$
b.		\$
c.		\$
d.		\$
Total: Add Lines a, b, c and d		\$

Part VII. VERIFICATION

61	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i> Date: <u>July 1, 2014</u> Signature: <u>/s/ Anita J. White-Woodley</u> Anita J. White-Woodley (Debtor)	
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Current Monthly Income Details for the Debtor**Debtor Income Details:**Income for the Period **01/01/2014** to **06/30/2014**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Parallon Enterprise, LLC**

Year-to-Date Income:

Total Year-to-Date Income: **\$3,192.59** from check dated **6/30/2014** .Average Monthly Income: **\$532.10** .**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **VCU Health Systems**

Year-to-Date Income:

Total Year-to-Date Income: **\$37,505.03** from check dated **6/30/2014** .Average Monthly Income: **\$6,250.84** .

Current Monthly Income Details for the Debtor's Spouse**Spouse Income Details:**Income for the Period **01/01/2014** to **06/30/2014**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Department of Juvenile Justice**

Year-to-Date Income:

Total Year-to-Date Income: **\$13,742.66** from check dated **6/30/2014** .Average Monthly Income: **\$2,290.44** .**Line 4 - Rent and other real property income**Source of Income: **Rental Income**Constant income of **750.00** per month.Constant expense of **750.00** per month.Net Income **0.00** per month.